TAX PREPARATION AGREEMENT

| Name of taxpayer(s) | |
|--|---|
| Address | |
| SSN | Spouse SSN |
| Phone number | Email address |
| the City of Tiffin Income Tax Deresponsibilities of the City Tax preparation firm, but as a serv | sure than any citizens requesting preparation of their city tax return by partment staff understand and agree to their responsibilities and the repartment. The City of Tiffin Income Tax Department is not a tax see to its citizens, will prepare your city tax return using the information responsibility to provide all the information required to prepare your ly. |
| you will be financially responsi account. Your final tax return your copy. Your signature(s) o | ered by our office at a later date that results in a change to your return, le for any fees, penalties and/or interest that may accrue on your your responsibility and you should review it carefully after receiving this agreement will constitute your signature on your tax return. Joint ures. If you agree to the above terms, please sign in the space provided |
| Signature (s) | Date |
| | Date |
| A copy of your return will be | mailed to you at the address given above. |
| In order for us to prepare you you have included all of the fo | |
| Names of both taxpayers (| filing a joint return) |
| Current address | |
| Email address and phone i | ımber |
| Social Security number | |
| Copies of all W-2's Mac Medicare (box 5) Wag credit for city tax withing is required. Copies of any 1099-Mi Copies of any W-2G go Copies of any Federal S Copies of any Federal S Copies of any Federal S | nbling income chedule C's if you were self-employed chedule E's if you had rental property |
| • Any other proof of inco | ne credits or expenses not included in the list above |